		PART B	- FEE(S) T	RANSMITTAL		A	
Complete and send this form, together with applicable fee(s), to: Mail-				Commissioner for P.O. Box 1450 Alexandria, Vir	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450		
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLI appropriate. All further correspondence including the Patent, advance orders and notification							
appropriate. All further cor indicated unless corrected to maintenance fee notification	below or directed otherwise	esting the 1880 Patent, advance or in Block I, by (a	ders and notification of the derivative of the d	ation of maintenance fees ew correspondence address	will be mailed to the current s; and/or (b) indicating a sepa	correspondence address as	
	E ADDRESS (Note: Use Block 1 for 590 08/25/2004	any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
NIXON & VANI 1100 N GLEBE RO 8TH FLOOR	DAD	, NOV 1 8		I hereby certify that t	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
ARLINGTON, VA 22201-4714 11/19/2004 NNGUYEN2 00000112 09815336					(Depositor's name)		
						(Signature)	
01 FC:1501 02 FC:1504	پياما لا لاي				(Date)		
03 FC:8001	300.00 GP 12.00 GP						
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/815,336	03/23/2001		Anthony Nicola	as Kalloo	2784-25	4418	
TITLE OF INVENTION: M	ETHODS FOR DIAGNOST	TIC AND THERA	PEUTIC INTER	VENTIONS IN THE PERI	TONEAL CAVITY		
,							
APPLN. TYPE	APPLN. TYPE SMALL ENTITY ISSUE FEE		EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
. nonprovisional	yx No	\$665 1370		\$300	\$965 1670	11/26/2004	
EXAMINER		ART UNIT C		CLASS-SUBCLASS			
SHAY, DAVID M		3739		600-115000	_		
1 Change of correspondence	e address or indication of "Fo	ee Address" (37	2. For printin	g on the patent front page, l	ist		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indicat	ion (or "Fee Address" Indica or more recent) attached. Use	tion form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (p	print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear I a substitute for	on the patent. If an assig filing an assignment.	nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
· ·				more, Maryland			
Please check the appropriate		· ·		<u> </u>	Corporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed: Issue Fee			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies							
			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims SI	(from status indicated above MALL ENTITY status. See	•	b. Applicant	t is no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issuublication Fee (if required) pords of the United States Pate	ue Fee and Publica yill not be accepted out and Trademark	tion Fee (if any) I from anyone of Office.	or to re-apply any previous ther than the applicant; a reg	sly paid issue fee to the applications and attorney or agent; or t	ation identified above. he assignee or other party in	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name Michelle N. Lester

Authorized Signature

11-18-04

32,331

Date

Registration No. _